

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. X.

LOUISVILLE, DECEMBER 11, 1880.

No. 24.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

"THE WATERS OF THE HOT SPRINGS WILL KILL CONSUMPTIVES."

The language above quoted we find in one of the Hot Springs papers of a recent date. The communication in which it occurs is from the pen of Dr. George W. Lawrence, one of the most widely-known and accomplished physicians of this health-resort. During twenty years' residence there Dr. Lawrence's large practice has afforded him ample material for studying the therapeutic properties of these thermal waters, and he states that he has from time to time published to the medical world the fact, in unmistakable language, that the waters of the Hot Springs will kill consumptives. He quaintly declares that, having no interest in any cemetery or undertaker's establishment, he does not wish people to come there to die.

Of the correctness of Dr. Lawrence's observation concerning consumption there can be little doubt. A damp valley can not be otherwise than harmful to patients with phthisis.

Dr. Lawrence further declares that these waters are the most valuable adjuncts in the treatment of chronic diseases of the blood, the skin, and the nervous system, and also in uterine and catarrhal affections, and in "true scrofulosis."

Such testimony as this is not to be lightly considered, and we have no mind to dispute its correctness; but, at the same time, that in the Hot Springs waters there is any

remedial power beyond its heat we totally disbelieve. As Dr. Keys says, in his excellent work on Venereal Diseases, the water is exceedingly poor in mineral ingredients, while its alleged magnetic qualities are imponderable. In certain cachectic conditions—whether rheumatic, gouty, scrofulous, malarial, syphilitic, or alcoholic—where all remedies have failed at home, a sojourn at Hot Springs not infrequently does much good, provided the patient fall into the hands of a wise physician and a good cook; but the waters alone will cure none of these affections. Any other tolerably pure hot water would do equally as well were it equally well backed.

No scientific physician, we believe, claims now that this water has any specific power, and far less that it is a panacea, as charlatans pretend and the populace believe. In the treatment of syphilis, unaided by mercury and potash, etc., it is utterly impotent, and even when assisted by the anti-syphilitic medicines, no greater exemption from relapses can be proved to exist than follows any other method of cure where mercury and potash are used. But in the illimitable credulity of the laity the healing power of this water is unbounded. For every known and imagined physical ill people flock thither; the old in search of youth, the young in search of perfect health, the impotent for virility, the barren for babies, the rotten for renovation. In a word, these springs are, in popular belief, the vast, the all-comprehensive, resistless, and infallible extinguisher of human maladies. Hence this Arkansas village is a delightful place for doctors, and probably no town in the world is so abun-

dantly supplied with these useful and amiable philanthropists, who are ever ready to go where they can do most good.

Ah, and what a fountain of happiness and health it surely is if the cackle which comes to us from the little burg be true; for, as rumor hath it, all the doctors who go there grow rich and all their patients come away cured!

THE Louisville correspondent of the Cincinnati Lancet and Clinic has fallen into several errors concerning the status of the schools of this city, which we have been requested to correct. He says that the attendance during the present session is but half of what it was last. This is not so, the actual difference being but *twelve per cent*. In the meanwhile the fees, which were advanced fifty per cent upon the old amount, have made an increase of *sixty per cent* in the pay of professorships. So the experiment has proved a great success—pecuniarily—and, it is believed, also in raising the standard of material from which the classes are formed. Had it happened that the schools at Nashville, which is the chief competing point with Louisville, had also advanced their fees, it is probable that no diminution would have taken place in the number of the classes here, but that an increase would have been recorded. In this connection we are asked especially to correct the error of the Lancet's correspondent. He has impugned dishonorable action to the Nashville schools—no doubt from misinformation which he has received in this city. He says that an agreement was made between the schools at Nashville and those at Louisville to raise the standard of price this year, and that after the Louisville schools had committed themselves by issuing their catalogues, the Nashville schools came out at their old figures and so secured the larger classes.

We are informed that there was no agreement entered into between the schools in question, nor any correspondence during the current year upon the subject. There

was an attempt made *last year* to come to some understanding on the subject, but it failed. There were hopes held out that the agreement could be reached this year, but there was nothing definite done in regard to the matter, and so the imputation of bad faith falls to the ground.

It is rather lucky, we think, that Cincinnati should have acted independently in raising the price of tuition, and that Louisville should have done so without being joined by Nashville. The success which attended the movement in both places ought to be an encouragement to any school to do likewise. There can be no shadow of a doubt that it is right for the fees to be raised in the Southwestern schools; and the great misfortune was that it stopped short at seventy-five instead of a hundred or more dollars. It is certainly a greater encouragement for better teaching, and we believe it brings better material to the schools. By far the most important interest, however, which is conserved by raising the fees is that of the profession at large. Doctors are interested that the gateways into the profession by which they win their bread are not thrown wide open to those who can afford to do nothing else.

We trust that before another session commences all the schools which have not yet advanced their prices will see that it is to their best interests to do so, and that professional sentiment will express itself on this point so as to aid them in their advance.

THE Chicago Medical Journal is immensely pleased with the new rule of the Kentucky State Medical Society discontinuing the publication of papers in the Proceedings. Matter which was formerly so completely buried has now a chance for life in the pages of our medical journals.

TRIPLET brothers, aged seventy, celebrated their birthday in Westport, Conn., a few days ago.

Original.

A CURIOUS CEREBRAL CONDITION.

BY W. CHEATHAM, M. D.

On November 13th N. N., Arkansas City, Kas., aged ten, came to my office to consult me in reference to her eyes. The history was as follows: Last June she commenced to complain of headache. During her attacks of headache she suffered greatly from nausea. In several weeks she began to lose the power of lower limbs. About the latter part of September there was some facial paralysis, and her sight began to fail. When she came to my office she was unable to stand or to sit up. Her pupils were fully dilated, much more so than is usually found in paralysis of sphincter pupillæ, showing probably some irritation of sympathetic; vision was reduced to absence of perception of light. On looking into the eye with the ophthalmoscope there could be seen a perfect picture of Starming's papillæ, or choked disk. No outlines of optic disk could be discovered. The existing edema of the parts had not only obscured that, but the blood-vessels were in many places also. The disk was greatly swelled, protruding into the vitreous as a small hillock. This condition of things is supposed to result from the intercranial pressure, which prevents the return of venous blood, resulting in an exudation of its watery parts. The cribriform fascia, through which the optic nerve enters the eye, being very firm and unyielding, strangulates the nerve, producing more edema and blindness. The head of the child was unusually large. Intercranial tumor was diagnosed. Prognosis of course bad. Choked disk in one eye is not of course a sure sign of an intercranial growth. Where it exists in both eyes you may almost surely refer it to such a cause. The child's mind was not in the least affected. She was very bright and cheerful. To illustrate her brightness, a surgeon whom I called in consultation, wishing to test her sight, took a figure of a horse cut from pasteboard which the little one had in her lap, and asked her what it was and where the head was. She told him, but arrived at her conclusion by touch. He then asked where the tail was, and she informed him that it was *on the other end*.

The mother of this child was also a case of great interest to me, on account of her extreme degree of nearsightedness. Her vision without glasses was only $\frac{1}{384}$ of perfect, with

a nearsighted glass $\frac{1}{2}$, combined with a nearsighted glass $\frac{1}{4}$. The vision of right eye was brought up to $\frac{1}{4}$; that is, it took a $\frac{1}{1-1/8}$ nearsighted glass to bring vision up to $\frac{1}{4}$ of perfect in right eye, a $\frac{1}{1-1/4}$ to bring vision to $\frac{1}{4}$ in left eye. I ordered her $\frac{1}{1-1/8}$ for each eye for distant vision, and a $\frac{1}{4}$ for reading.

November 20th I received word that the little girl died before reaching home. She passed off without a struggle.

LOUISVILLE.

Reviews.

The Orthopragms of the Spine: AN ESSAY ON THE CURATIVE MECHANISMS APPLICABLE TO SPINAL CURVATURE. Exemplified by a typical collection lately presented to the Parke's Museum of Hygiene, University College, London. By ROBERT HEATHER BIGG. London: J. & A. Churchill, New Burlington Street. 1880.

The maxilla-fracturing title of this work will cause many to wonder. "Orthopraxy," the author explains, is a word he "introduces to embody the idea of that science which, by material means converts, adopts, and applies the mechanical forces extant directly to and for the benefit of the human form." An orthopragm of the spine, then, is a sort of crutch for the backbone, such as the plaster jacket. Makers and users of spinal appliances will find much valuable information in this book. It is the first of its kind. It discusses in four chapters the natural spine, the unnatural spine, the principles of reversion from the unnatural to the natural spine, and the practice of reversion from the unnatural to the natural.

Cutaneous and Venereal Memoranda. By H. G. PIFFARD, A. M., M. D., Professor of Dermatology, University of the City of New York; Surgeon to Charity Hospital, etc.; and GEORGE HENRY FOX, A. M., M. D., Surgeon to the New York Dispensary; Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; etc. Second edition. New York: William Wood & Co., 27 Great Jones Street. 1880. For sale by John P. Morton & Co., Louisville.

The authors of this little volume, which is only half as big as your hand, are two of New York's most favorably-known and most conscientious and industrious workers in the domain of dermatology. A long experience in the large clinical field which New York affords has enabled these gentlemen to produce in a singularly condensed and excellent form the essentials of derma-

tology, barring treatment. And, if the practitioner will but remember that skin troubles are but local manifestations of constitutional disease, and are enabled by the remedies which cure other local manifestations, he will be possessed of all the therapeutic knowledge necessary in the practice of dermatology. The descriptions of the maladies are as clear as they can be made without pictures, and the nomenclature is as near up with the times as it is possible to come, for the endless jargon of hard names is perpetually changing and increasing. The dermatographers, we sometimes think, must all be descendants from the Tower of Babel folk. All students and general practitioners should buy Cutaneous and Venereal Memoranda.

Books and Pamphlets.

WOOD's ophthalmic test-types and color-blindness tests are contained in a neat box. The box contains Wecker's test-plates for near vision and astigmatism; Snellen's test-plates for near and distant vision; Green's test-plate for astigmatism; Prof. Holmgreen's confusion plate for illustrating the mistakes of the color-blind; a set of Holmgreen's assorted Berlin worsteds; eight test-glasses ($\frac{+5}{-5}, \frac{+1}{-1}, \frac{+3}{-3}, \frac{+5}{-5}$) dioptics.

By placing these different lenses in the handle contained in the box many combinations can be made. Besides these the box contains an explanatory text to the above articles, with a pamphlet, "How to Choose Glasses." These tests and test-plates are of the best in use. They are nicely arranged and neatly gotten up. Price, \$7. William Wood & Co., 27 Great Jones Street, New York.

Miscellany.

EAU DE SELTZ.—The French papers are much occupied just now in discussing a very important and startling report, which has been presented to the Paris Academy of Sciences, on the subject of the impurity of the artificial aerated waters so enormously consumed in Paris by the French residents, as well as by visitors, in syphon bottles (British Medical Journal). It is well known that the drinking-water of Paris is very unreliable. Some of the river-water, with which it

is supplied, is tolerably pure, but in other quarters of Paris it is very far from being so. A good deal of the water-supply is from wells, and the domestic arrangements for storage are liable to contamination from sewage-gases rising into the tanks. On the whole, Paris drinking-water is notoriously so bad that visitors do wisely to avoid it; and the Parisians, though having the advantage of acclimatization, which is undoubtedly protective against many of the poisonous germs which are apt to be contained in such waters, are nevertheless justly suspicious of their drinking-water. There are forty million syphons manufactured per year of what is popularly called "Eau de Seltz"—namely, river-water or well-water impregnated with carbonic acid. There has been a sort of accepted tradition that the water contained in the syphons was pure and safe. This, however, appears, from a long series of analyses made by M. Boutmy, in the paper quoted, to be not only without foundation, but exactly the opposite of the fact. Not only does aerated water in these syphons often contain as much impurity as the water of the Vanne, the Huys, and the Seine, but a much larger proportion of organic matter—sometimes three and four times as much. In fact, the analyses given by M. Boutmy show that a certain proportion of these syphons contain water which is little better than diluted sewage-water. Of the great disadvantage of such a state of things it is needless to speak. We in England have long since arrived at the conviction that diarrheal affections and typhoid fever are much more apt to be conveyed by drinking-water than by any other vehicle; and it seems, after this revelation, that the endemic frequency of typhoid in Paris is more probably due to its drinking-water, and to the impurity of its syphons, than to the *odeurs de Paris*, of which so much has lately been said and written. It has been shown that these unpleasant odors of the streets are many of them largely due to cresylic acid and other gas-products, which are, however malodorous, by no means productive of fever and disease. The labors of M. Boutmy appear, fortunately, to have attracted a good deal of attention in Paris, and the matter will no doubt not end here. The public health is largely interested in this state of things.

The accuracy of M. Boutmy's conclusions has been disputed in a protest from the representatives of the artificial aerated waters of Paris. On the face of them these analyses appear to have been carefully made, reli-

able, and authentic; and M. Wurtz, the great chemist of France, appears to have vouched for the skill and trustworthiness of the observations. However this may be, the Academy has already directed a further set of analyses to be made; and meantime, with the results of M. Boutmy's investigations before them, it is probable that the police and analytical authorities of Paris will feel called on to take energetic measures to test, upon a large scale, existing stocks of these aerated waters in that city, and to make known the results. It is quite possible that very important results for the health of Paris may ultimately flow from this timely exposure by M. Boutmy of the impure and dangerous character of a large part of the table-waters of the Parisians. The conveyance of contagion by water is far too little insisted upon by foreign sanitarians, as a great number of English travelers abroad have found to the cost of their lives or health; and it can not but be advantageous to the health of the French population that attention should be drawn to the subject in a definite manner by M. Boutmy's analysis.

FIFTY-CENT DOCTORS.—NEW YORK CONSULTATIONS FOR FOUR BITS.—The practice of underbidding among even regular physicians is known to be prevalent in some parts of this city (Medical Record). A number of such cases have been called to our attention. One of these, sufficiently illustrative, is that of a man in very good circumstances, who had been accustomed to employ an up-town physician when he or any of his family was sick. For office-visits he paid a dollar. Being of a thrifty turn of mind, however, he determined to do better, if possible, and after a little inquiry he found a down-town doctor who would charge him only fifty cents, including the medicines; so he made the change. It is currently reported that there are a good many physicians who will barter their valuable experience for even half the above sum.

MENSTRUATION AFTER REMOVAL OF THE UTERUS.—Dr. Tillaux reported to the Académie de Médecine, Paris, August 31st, the case of a woman in whom he had removed the body of the uterus sixteen months previously. Menstruation returned more frequent and in smaller quantity from the remaining portion. Another woman continued to menstruate after a removal of the ovaries.—*Chicago Medical Journal and Examiner.*

DIMENSIONS OF THE ARTERIES.—A work of considerable interest to anatomists, and of great practical importance to pathologists, has just been accomplished by M. Valérie Schiele-Wiegandt, of Zürich (Medical Times and Gazette). This observer has carried out, under direction of Prof. Quincke, a careful measurement of the circumference of the principal arteries of the body, of the thickness of the several coats of each vessel, and of the diameter of their lumen (Virchow's *Archiv*). Although this laborious investigation is not novel, having been already undertaken years ago both in this country and in Germany, the results are probably more accurate and complete than any thing of the kind hitherto at our disposal. Several very interesting conclusions with respect to the effect of age and sex will reward a reference to the original paper, which, however, will be of most value to those who may have made careful measurements of the sections of thickened arteries in the study of chronic Bright's disease.

MILK-TYPHOID.—Considerable anxiety and alarm have been occasioned at Bridlington, a seaside resort at Yorkshire, by the recent prevalence of typhoid fever in the district, and once more the outbreak appears to be due to the neglect of sanitary precautions in a private dairy. During the month ending October 22d no fewer than eight deaths occurred there from this disease, and in the previous month a fatal case was also recorded. Suspicion having rested upon a particular milk-supply, it was found on examination that the water used in the operations of the implicated dairy was drawn from a well, eighteen feet deep, sunk through a gravelly soil in a low-lying, and in wet weather swampy, under-drained field, where a downward percolation would readily take place. In the lane where the dairy is situated the sewage of several houses flows into an open ditch at the bottom of the adjacent gardens, which ditch is full of stagnant, dirty water and mud. At one of these houses there was recently a case of enteric fever; an occurrence which, taken in connection with the subsequent outbreak, raises the suspicion that the poison from this case somehow got into the water used at the dairy. The eighty-three households supplied by the particular dealer were visited, with the result of finding that, exclusive of seven doubtful cases, forty-eight persons in those households were suffering from undoubted enteric fever. This large incidence of the disease upon the dairy-cus-

tomers must be held to point very strongly to milk as the cause of the outbreak; and this is the view adopted by the medical officer of health. It is true there have been "other cases of fever" (the number is not stated) where the particular milk was not supplied; but this hardly affects the main argument. From the descriptions given of it Bridlington seems to be a likely place for epidemics of typhoid fever, from whatever cause arising, to occur. The health-officer tells his authority that "other influences have doubtless contributed to produce this epidemic, and as such I have repeatedly invoked your interposition respecting drainage, neglected ashpits and cesspools, and kindred elements for the propagation of disease." Clearly, if these things be so—and their accuracy is confirmed by independent testimony—the claims of Bridlington to be considered a "health-resort" will need to be very carefully investigated.—*British Medical Journal*.

MARK TWAIN'S RECIPE FOR NEW ENGLAND PIE.—To make this excellent breakfast dish proceed as follows: Take a sufficiency of water and a sufficiency of flour and construct a bullet-proof dough. Work this into the form of a disk, with the edges turned up some three fourths of an inch. Toughen and kiln-dry it a couple of days in a mild but unvarying temperature. Construct a cover for this redoubt in the same way and of the same material. Fill with stewed dried apples; aggravate with cloves, lemon-peel, and slabs of citron; add two portions of New Orleans sugar; then solder on the lid and set in a safe place until it petrifies. Serve cold at breakfast and invite your enemy.

TEA SUCCESSFULLY RAISED IN GEORGIA.—A special report from Washington states that the officials of the Agricultural Department are very much gratified at the progress in tea-raising in the South.—*New Remedies*.

Tea raised from seed sent out by the Department of Agriculture has been an article of merchandise in Fayetteville in this state, and it is grown in Wilmington as an ornamental shrub.—*North Carolina Med. Jour.*

A HOMEOPATHIC COLLEGE IN ENGLAND.—Efforts are being made among the English homeopaths to start a college of their own (*Medical Record*). Owing to the smallness of their numbers, however, and private dissensions, the effort is not likely to succeed.

SCHOOL PUNISHMENTS.—More than one case has lately been brought under public notice in which serious consequences have resulted from schoolmasters and mistresses punishing children by severely "boxing the ears" (*British Med. Journal*). The not unfrequent results of this form of discipline are rupture of the tympanum, deafness, and sometimes concussion of the brain, with life-long injury. For a strong adult to assault a child by a succession of blows on the side of the head is a practice which is really indefensible, and should be discountenanced by all school-managers. Caning upon the hand is not open to so many objections; but the rather brutal and passionate forms of caning which are sometimes adopted have more than once led to consequences detrimental to the perfection of the hand as an instrument of delicate labor in after-life; and, if permitted at all, the punishment should be employed with caution and a due sense of the responsibility that must attach to excess. Caning on the back and shoulders is the least objectionable form of physical punishment where any punishment is authorized.

MEDICAL RIFLEMEN.—On Wednesday, 3d inst., the first meeting of the United Hospital Rifle Association took place at Wormwood Scrubs. The association was formed last July for the purpose of uniting all volunteers, of whatever corps, at the different hospitals, and improving their shooting by offering a challenge-cup, to be competed for annually by hospital teams. Three hospitals—Guy's, King's, and St. Bartholomew's—have already joined, and the treasurer has a large sum in hand toward the cup. It is hoped that by next year the association may be in so flourishing a state as to warrant an application to the National Rifle Association for leave for the competition to be held at Wimbledon. The meeting on Wednesday attracted quite a large number of men, who were divided into three classes: marksmen, drilled members, and recruits.—*Brit. Med. Jour.*

YELLOW FEVER.—A London coolie ship having on board several hundreds of its human freight has arrived at St. Kitts from Calcutta with yellow fever on board (*Med. Press and Circular*). Twenty-seven passengers and twelve of the crew had died on the short voyage, and fears of a spreading epidemic upon the island had caused the strictest quarantine.

ANOTHER outbreak of milk-scarlatina is reported from Dundee (British Med. Jour.). For the last few weeks scarlatina has been unduly prevalent in the town among families in good circumstances and with healthy surroundings. It has now been discovered that a female servant employed at a dairy visited a house in which was scarlatina, and was attacked by the disease, which was communicated to a person connected with another dairy. From these two sources the disease spread to the customers supplied with milk from each dairy.

FOR the benefit of our more conservative brethren we arrange in alphabetical order the names of some of the newest of the great remedies presented to the profession: Areca, ava, bael, berberis, boldo, cercis, coto, chaulmangra, goa, gurjun, hoang nung, pen-thorum, querbracho, sumbul, sundew, and tonga.—*Proc. Med. Soc. County of Kings.*

A MALARIA-STRICKEN TOWN.—At Franklin Furnace, Sussex County, N. J., malarial diseases are so numerous that there are not enough well people in the village to nurse the sick (Medical Record). Most of the male population is idle, and the place has appearance of a hospital. This was the state of affairs reported the second week of October.

Selections.

Malarial Fever.—From an article in the Practitioner of November, by Dr. Corrado Tommasi-Crudeli, we extract the following, which he offers as the results of his and his collaborators' investigations. If true they are valuable; but then microscopists' eyes are so unreliable:

1. In the soil of all the malarious districts of the Roman Campagna and Marshes the *Bacillus malariae* has been either found in a fully-developed state, or else could be easily obtained in great quantities by means of artificial cultivation. It has not, on the other hand, been found possible to obtain it by any means, whether artificial or otherwise, in some perfectly healthy districts.

2. This *bacillus* rises in such quantity, during the heat of summer in the atmosphere of malarious districts, that there is no need of any special appliances to collect it from the air. It is to be found in large quantities in the sweat of the face and hands.

3. In the blood of rabbits infected with malaria; in the blood of human beings attacked by malarious fever, and in the blood extracted from the spleens of the patients in question by a method invented by Dr. Sciamanna, the spores of the *Bacillus malariae* were constantly found during the *acme* of the fever. The artificial cultivation of this blood has constantly given

rise to the development of the *bacillus*, sometimes in very large quantities. The cultivation of the splenic blood of persons not affected by malarious fever has given, on the contrary, only negative results.

4. By injecting the blood taken from the veins of persons affected with malaria into the subcutaneous tissues of dogs, the disease is reproduced in these animals.

5. In all cases where the blood has been extracted from parents affected with malaria, during the *period of invasion of the fever*, it contained, often in great quantities, the fully developed *Bacillus malariae*. In the *acme* of the fever, on the contrary (as has been mentioned above, section 3), the *bacilli* disappear, and no other traces of them are found beyond their spores.

The constant recurrence of this last phenomenon (analogous to those observed in the case of the *spirillum* of relapsing fever) is of the greatest importance in the question under consideration. It explains, in the first place, the difference in the results obtained by Marchiafava in 1879 by examining the blood of five persons who had died of *febris perniciosa*, the examination being made immediately after death. In three of these cases the blood of all the veins of the body and of the heart contained a large quantity of *bacilli* in an advanced stage of development, while in the other two it was impossible to discover in the blood a single example of the *bacillus*, but only a large number of its spores. The further investigations made this year in Rome render it probable that the first three patients died before the period of *invasion* of the fever was finished; the other two, on the contrary, during the *acme*. These facts, further, open to us the way, by multiplying and varying our observations, to determine the scientific theory of this infective disease.

Experiments made on animals have shown that the principal nidus of the parasite which produces malarial fever is in the *spleen and in the marrow of the bones*, the organs in which (especially in the first) we constantly find the most serious pathological changes in those who died of this fever. It is very probable that the production of new generations of parasites in these seats varies in extent and in rapidity according to the condition of the individual and probably according to the quality of the soil from which the parasite originally came; which would explain the great variations which we meet with in the duration of the intermissions of this fever. It is probable that the febrile attack does not take place until the discharge of the parasites, from their special *nidi*, has gone on to such an extent as to accumulate in the blood a vast number of these organisms. It is probable that the chills of the febrile attack are produced by the simultaneous irritation of all the vasomotor nerves, due to the presence of this army of invaders in the circulatory system. The invaders find in the blood the conditions most adapted to accelerate their development and their progress to maturity (i. e. a high temperature, abundant means of nourishment, and oxygen stored up in the red corpuscles), and hence it is not surprising if their disintegration is completed in the *acme* of the fever; while, on the other hand, the changes in the component elements of the blood and tissues due to their multiplied acts of assimilation and excretion affords a natural explanation of the development of the febrile heat.

The further investigations which I propose to make, personally or by means of others, will demonstrate if this scientific theory of malarial fever, sug-

gested by the facts recently observed in my laboratory, be sound or not. I hope further that future observations will enable us to decide whether the *resolution* of the febrile attack is due merely to the elimination, by means of the secretions, of the products of the reduction of the albuminoids accumulated in the blood and in the tissues during the febrile attack; or whether it is partly also due to the elimination of the spores, which the disintegration of the *bacilli* leaves in the circulation, by means of the secretions, especially that of the kidneys. It will further be of great scientific, and possibly also practical, interest to examine the contents of the venous cavities of the spleen during the period of intermittence of the fever; and since the method has been discovered of extracting the blood from the spleen without danger to the patient, it is possible that we may be able to follow step by step, in this its principal nidus, the development of the parasite in the intervals of the febrile attacks.

A Severe Case of Facial Neuralgia Cured by a New Surgical Operation.—Dr. Augustus Brown writes, in the *British Medical Journal*:

In April of this year, a lady, aged fifty-six, who had suffered many years from a most severe facial neuralgia, called upon me and implored me to do something for her relief. I shall not readily forget the careworn expression of her face as she related to me the terrible nature of her sufferings. She told me that, for a period of upward of ten years, she had endured the most fearful torture from constant attacks of neuralgia, which caused her to scream, and left her in an exhausted condition; and that, although she had incurred very considerable expense to obtain relief, she had failed to do so; and that the attacks were gradually increasing in violence, frequency, and extent. She also informed me that she had been an in-patient for some weeks in the London Hospital, under the care of Dr. Fenwick, and that she had left that institution no better. I need not enumerate the various medicines and remedies which had been tried in this case—ice, electricity, etc.—for all alike had failed; even subcutaneous injections, although at first mitigating the paroxysms, began to lose their influence. Impressed by the supplications of my patient, I promised to do something for her. After considering the case for a week, I resolved upon a plan which I carried out on May 11, 1880. In this case the pain commenced in the mental nerve of the right side, just at its exit from the mental foramen; from this spot it ran backward to the front of the ear, then upward to the vertex, forward to the frontal nerve, down the right side of the face and neck to the arm, and backward to the scapula. On examining the mouth, I found the gum, above the starting-point of the pain, of a veined and congested appearance, thickened, and harder to the touch than the gum of the opposite side. The tongue was white and tremulous, and all the teeth had been extracted. Six years ago she had a portion of the alveolar process removed: the idea then being that the pain was produced by the pressure of a buried stump of a tooth; but the operation proved that this was not the case.

Mr. Penny and Dr. Rowntree kindly assisted me with the operation. As soon as the chloroform took effect, I made an incision along the lower border of the jaw, and dissected up a flap till I reached the mental foramen. I then ran into the foramen a red-hot steel wire for a quarter of an inch or so, and

thoroughly destroyed the nerve. On withdrawing the wire, the artery bled considerably, and I was obliged to plug the foramen. This plug was the cause of some amount of suppuration and delay in the healing of the wound. However, it came away in a few days in the discharges, and then the wound healed kindly, and my patient, from that time, has been entirely free from pain, and is now restored to health. Any thing more satisfactory than the result of this operation I have never known. She is now able to take food without fear, to sleep without narcotics, her tongue has regained its color, and she now takes an interest in her household affairs.

Much lately has been said and written about nerve-stretching; but the result of this operation proves that in the cautery we have another remedy upon which we may depend, and which, in many instances, may supersede nerve-stretching; also one which possibly may be of great benefit in tetanus.

The Spread of Scarlet Fever by Milk.—During the week ending with Saturday, November 30th, scarlet fever had appeared in a number of widely-separated dwellings in Dundee, and had proved fatal to members of families living in the midst of comfort, with what seemed to be good hygienic surroundings (*Med. Press and Circular*). The sanitary authorities of the town have followed the outbreak step by step, and have at length, as they believe, succeeded in tracing its origin. All the cases have been found to have their source in the recklessness of a female servant, who while employed at a dairy in the neighborhood of the town visited a house where scarlet fever was raging. She was at once attacked with the disease, and from her it was caught by the inmate of another dairy near at hand. From these two centers of infection the disease was spread to Dundee among the families supplied with milk by the dairies.

The Botanical Nature of Hooping-cough.—In 1871 Dr. Ludwig Letzerich announced that he had discovered the cause of hooping-cough to be a peculiar fungoid growth, which first germinates under the tongue and then rapidly pervades the air-passages. Henry A. Mott, jr., Ph.D., has recently investigated the subject and confirmed the statements of Dr. Letzerich. Mr. Mott finds quinine to be an antidote by virtue of its well-established power to destroy microscopic vegetable organisms. If this is the true theory of hooping-cough, why is the same person not usually subject to repeated attacks? If the growth of this fungus destroys any particular tissue not again renewed—a circumstance not yet observed—would it not be possible to effect the same destruction chemically and thus ward off the disease?—*Pharmacist and Chemist*.

Impacted Feces.—Dr. Robert Battey has a practical way of relieving women of hard masses of impacted feces when for any reason an enema or cathartic fails to do the work or can not be administered (*Chicago Medical Review*). Instead of distending the sphincter ani muscle and digging out the mass with a spoon, or with some like instrument, he breaks it up and presses it out by means of the fingers in the vagina. This may generally be accomplished without difficulty, or with as little difficulty as by other means. The method is moreover less disagreeable, both to the doctor and to his patient. It would manifestly be more easily accomplished in the cases of women who have been or are parturient.

The Effect of Willed Muscular Movements on the Temperature of the Head—A New Study of Cerebral Cortical Localization.—Extract from a paper on Recent Progress in the Treatment of Mental Diseases, by Theo. W. Fisher, M.D. Harv. (Boston Med. and Surg. Journal):

This is the subject of a prize essay by R. W. Ammidon, M.D., of New York (Archives of Medicine, April, 1880). Three new and nearly related branches of modern medical science, cranio-cerebral topography, cerebral cortical localization, and cerebral thermometry, are first reviewed in their latest aspects. Broca, Féré, and Turner substantially agree in locating the lower end of the fissure of Rolando, which is the most important landmark in the brain, six centimeters above and a little behind the external auditory meatus, and its upper end four and five tenths centimeters behind the bregma. The neighboring convolutions, supposed to contain the psycho-motor centers of the opposite half of the head, body, and extremities, can easily be mapped out from this central line. An outline head is given with a modified system of Féré's lines, from which all the convolutions can be located on the living subject. Dr. Ammidon holds that, in spite of numerous negative and contradictory facts, most observers will today agree that there is a certain area in the human cortex of psycho-motor centers, and other areas possessing either sensory or psychical, or at least no motor, attributes. Ferrier, Hitzig, and Munk have laid out a map of psycho-motor centers, which is supported by a large amount of clinico-pathological evidence. Davy made the surprising discovery that in decapitated animals and in man the post-mortem temperature of the cerebral mass was often 8° to 10° F. below that of other organs. Lombard, in 1867, in his thermo-electrical experiments on the difference in temperature between the scalp and the extremities, noticed marked fluctuations, due to mental effort. For instance, there was always a rise of temperature in the head and fall in the legs on reading a book, graduated accordingly as the book was stupid or the reverse. The rise was greatest on reading aloud. His last work, in 1879, on the effect of mental states on cerebral temperature, embodies the results of sixty thousand experiments, and demonstrates that small elevations of temperature result from intellectual and emotional excitement. Schiff, Broca, and Gray have still further elucidated this subject by their experiments, proving local increase of temperature under sensory and other forms of psychical excitement. Gray found that the temperature of the left hemisphere was the higher when at rest, but rose only half as much as the right after reading or lecturing. He was also able to locate a tremor of the brain by the thermometer. In insanity the highest average temperature (36.9° C.) has been found in furious mania and the lowest (36° C.) in dementia. In all mental diseases the occipital lobes have the lowest temperature and the frontal the highest. It is higher in the frontal lobes in mania, simple melancholia, and dementia, but higher in the parietal lobes in general paralysis and in melancholia agitata.

In the summer of 1879 it occurred to Dr. Ammidon that excessive use of peripheral parts might cause a sufficient rise in the cortical center for that part to manifest itself in the scalp. This he demonstrated in a series of experiments which we do not propose to describe in detail, but will refer the reader to his essay, the accompanying diagrams being essen-

tial to their correct understanding. Having determined by the thermometer the supposed cranial locations of the centers for all the larger muscles and groups of muscles, he transfers them by means of outlines to the corresponding convolutions, and finds but little of the cerebral convexity uncovered. The unaffected regions are the anterior half of the temporo-sphenoidal lobes and the extreme anterior portions of the frontal lobes. He finds a striking correspondence between the centers marked out by thermometry and those of Ferrier as far as the latter extend. He thinks some of the large elevations of temperature noticed by Lombard and Gray after mental action was due rather to the accompanying muscular action of the face in speaking and the arms in gesticulating. He claims to have added many centers to those of Ferrier, in parts before considered psychical or sensory.

The Use of the Actual Cautery in Ulceration of the Cornea.—By Dr. Fuchs (Vienna): The application of the actual cautery in cases of ulceration of the cornea was, so far as Dr. Fuchs knew, just adopted by Martinache, of San Francisco, and Gayet, of Lyons. At the meeting of the German Ophthalmological Society in 1870 Prof. Sattler mentioned the success which had attended it; and Dr. Fuchs had since employed it in appropriate cases in Prof. Arlt's clinic, with encouraging results. The instrument used by him consisted of a ball of the size of a large pea, with an arm like that used by dentists for the destruction of the dental pulp. It was easily heated red in any good gas flame, and was best applied when the iron was beginning to become black. He had used it in abscesses of the cornea and in ulcus rodens. The abscesses were partly traumatic and partly spontaneous; some were the result of smallpox. The application was not followed by any serious reaction. He regarded the action of the cautery as that of a powerful caustic, destroying the suppurating parts and the infectious germs contained in them. Its great advantage consisted in its strict limitation to the affected part. Dr. Fuchs believed Paquelin's cautery, or the galvano-caustic apparatus, liable to become too hot, while the point of the latter was too large for application to the cornea.—*Extract from the British Med. Journal's report of the Forty-eighth Annual Meeting of the British Medical Association.*

The Therapeutic Use of Phosphate of Bismuth.—According to the *Union Pharmaceutique*, Dr. Tédénat prefers the phosphate of bismuth to the subnitrate (Medical Press and Circular). The anti-diarrhetic action of the phosphate is identical with that of the subnitrate. Thanks to its greater insolubility, however, the phosphate acts in slightly less doses, especially in affections of the stomach. In spite of the acidity of the fluids of the stomach, it is completely absorbed. The dose varies according to the case; generally it is from one to two grams. The mode of administration is the same as that of the subnitrate. In children it suffices to deposit the desired quantity on the tongue, and give the child the breast or the bottle. The salt is easily drawn into the stomach, and considerable doses may be given in this manner. In adults the remedy is held in suspension in some liquid. In many cases lozenges of one to two grams in weight are very useful. They disintegrate in the mouth, and the phosphate is gradually taken into the stomach.

The Continued Electro-galvanic Current in Amenorrhea.—The following, from the *Med. Times and Gazette*, by R. R. Good, M.D., of Paris, will be read with great interest:

In December, 1872, Miss B. consulted me for a cervico-brachial neuralgia. She had suffered for three consecutive winters, and as internal remedies have proved of no avail, I proposed the electro-galvanic current. Owing to the inflammatory process in the neurilemma and the surrounding tissues, the nerve-tracts appeared swollen, hard, and exceedingly painful to the touch. I applied the current not only to the affected parts, but, the better to act upon nutrition and absorption, also to the nerve-centers, the upper part of the spine, and the superior cervical ganglion. When, after three months of this treatment, I was able to discharge the patient cured of her neuralgia, she told me that the catamenia had again appeared at regular periods and without pain—a relief she had not known for a long time. As I had administered iron, arsenic, and bitter tonics, I was little willing to credit the continued current with emmenagogue virtues, especially since the poles had not been applied to the pelvic viscera.

Two years later I witnessed a similar accident—only in this instance the effect produced was not at all to the liking of the patient. A married lady, whom I had under treatment for a lumbo-abdominal neuralgia, informed me after the seventh electrization that the negative pole, which I had given her to hold over the region of the left pubis, had burnt a little hole through the skin, and that, moreover, the menstrual flow had set in an appearance twelve days in advance of the usual time. She was dissatisfied, and, instead of continuing the electric treatment, begged me simply to give her a prescription for quinine, which, as she remarked, had on former occasions at least given her temporary relief.

A few days after this mishap, I happened to see Dr. Chéron, an authority here in Paris on matters of electro-therapy, and in talking to him about these cases he assured me that I had discovered nothing new, but that on the contrary, the influence of the continued current over menstruation, especially when applied to the cervical ganglia, was a well-known fact. Since then I have treated eight patients for amenorrhea; of these five were cured, two ameliorated, one case being a complete failure. The continued current can only find its application when the affection is due to an inertia of the utero-ovarian apparatus, to a disturbance in the circulation, or to defective nutrition. To resort to galvanism when the evil has its origin in mechanical obstruction would, of course, be useless; but as my cases were selected by Dr. Sims and Dr. Pratt, I ran no risk as to a wrong diagnosis. The length of time in which the cures were effected varied from five to thirty-seven days, usually a sitting of half an hour every other day. The number of elements employed—always the descending current—were from twenty to thirty for the upper part of the spine, the lumbar and the ovarian regions; and from six to ten elements for the sympathetic nerve, applied along the inner border of the sterno-cleido-mastoid muscle.

A case not included with the above, but one which illustrates in a striking manner the influence of the continued current over the ovarian circulation, is the following: Lady W., while walking on a newly-waxed floor, slipped and fell. A few days after the fall she began to complain of a weakness of the low-

er extremities and of a functional derangement in the organs of the pelvis. Later on, the left ovary became congested, giving rise at each monthly period to very painful reflex neuralgia. When the trouble had lasted nearly three years Dr. Sims was consulted. He was kind enough to bring the patient to me, and after seven weeks of treatment, and a final examination having been made, I received the note which I here give, and which I consider of more value than pages full of theories and suppositions:

12, PLACE VENDÔME, December 3, 1878.

"My Dear Dr. Good: I am most happy to say that Lady W.'s improvement is beyond all expectation. The electricity has exercised great influence, reducing the ovary to such a state that I could hardly have found it if I had not known exactly where to look for it.

"You will, I am sure, be glad to hear that our patient from Bar-le-Duc went home menstruating normally.

"With many thanks for your kind aid in these two interesting cases, believe me, dear Dr. Good,

"Yours most truly, J. MARION SIMS."

I myself am inclined to believe that, if I have not fallen upon an extraordinary series of cases, the continued current is entitled to hold honorable rank among the remedies usually resorted to in amenorrhea. Nor need the burning of the skin be laid to the charge of the current; when this accident occurs, as it did to one of my patients, it is solely due to the negligence of the operator, and not to a defect in the method employed.

The Effect of the Grand Junction Canal on the Health of Paddington.—At the fortnightly meeting of the Paddington Vestry, held last week, there was a long discussion on the report of the medical officer of Health as to the alarming increase of scarlet and other fevers consequent on the foul emanations and effluvia arising from the mud-banks of the Grand Junction Canal. A memorial has been presented from the inhabitants of Johnson's-place and the vicinity, complaining of the offensive odor, and the sickness which prevails in consequence of the condition of the mud-banks of the canal—the accumulation, it is stated, of years. The report showed that, notwithstanding the remonstrances of the medical officer to the company, that the mud of the canal was several feet deep, and that consequent on the nuisance scarlet fever was raging in its vicinity to an extent never before experienced, no steps whatever had been taken for its abatement. In the course of the discussion it was stated that in some parts of the canal the mud was almost up to the surface of the water. It was eventually decided that the solicitor to the vestry should immediately apply for an injunction to restrain the company from continuing the nuisance to the detriment of the public health.—*Medical Times and Gazette*.

Vaccine Virus.—Dr. Stevens, of London, and Dr. Atlee, who have both had an immense experience in vaccination, declare there has not been the slightest deterioration in the efficacy of the humanized lymph.—*St. Louis Courier of Medicine*.

Coca in Delirium Tremens and Alcoholic Tremor.—Dr. P. D. Winship, Marshalltown, Iowa, commends this remedy in the above-named disease, in a paper in the *Therapeutic Gazette*.

Hydrophobia Five Years After Inoculation.

M. Colin related to the Académie de Médecine, at its last meeting, a remarkable instance of prolonged incubation of hydrophobia (London Lancet). The case was that of a man who died a few minutes after being admitted (on August 31st) into the hospital, presenting maniacal excitation, expectoration, fear of drinking, and apprehensions, during more lucid moments, lest he should injure those about him. The autopsy showed no lesions, but some small cicatrices were noted on the left wrist and in the front of the thorax. Further inquiries showed that the man had been ill two days only. On the first he complained of a severe pain in the hepatic region and extreme thirst, although he could not drink; as soon as he raised a cup to his lips he was seized with shivering and spasm. The next day he complained of severe sense of constriction in the pharynx and a feeling of a wish to bite. The symptoms thus seemed clearly those of hydrophobia. No history could be ascertained of a bite from a dog during the previous five years. On November 2, 1874, however, in Algeria, he had been bitten by a dog, which was attacking a comrade, to whose assistance he went, and who was also bitten. The latter had his wounds cauterized the next day, and died in eight days of hydrophobia. The patient of M. Colin was cauterized half an hour after the receipt of the bite. Some authorities, as Devergie, have maintained that cases of prolonged incubation are really cases of "nervous hydrophobia;" but the symptomatology of such a case as this seems too precise for the theory that an attack so virulent could result from "nervousness." Hydrophobia is relatively common among the soldiers in Algeria, especially in the interior of the country, at the farms, where there are Arab dogs; and it is still more common among the civil population.

In regard to these prolonged periods of incubation in hydrophobia, of which this case presents an instance most remarkable, if not altogether beyond the reach of criticism, it is worth while to refer to one of the results obtained by M. Pasteur, of which we gave an account last week. It has long been a favorite explanation of these cases to suppose that the virus remained localized in the wound, developed there, and only caused the symptoms when, in consequence of some adventitious circumstance, it passed into the blood. M. Pasteur has shown that this explanation is, as regards some diseases, not a matter of theory, but of fact. He has found that in the chronic cases of "cholera of fowls" the poison does develop in certain organs, and not, as in other cases, in the blood, and that when, after a variable period, the organized poison passes into the blood, severe symptoms come on rapidly, and the creature soon dies.

Foreign Bodies in the Auditory Meatus.

At the meeting of the Paris Société de Chirurgie on October 20th a discussion took place on foreign bodies in the auditory canal and their removal (Med. Press and Circular). Dr. Despres, after mentioning some cases in which Mr. Roustau, of Montpellier, had removed foreign bodies (beans in two cases) by means of iron wire, said he considered injections of tepid water in the ear a better method of procedure, and more harmless. We must distinguish cases in which the foreign body has been only a short time in the ear from those where it has been long enough to set up an external otitis. In both cases injection of water may remove the body, or, at any rate, modify the condition of the parts. Dr. Gillitt related a case which

occurred last year, where he removed from a child's ear a pea which had been there seven years. By daily well directed injection of water the body was removed, and the child now hears well. Dr. Terrier remarked that injection of tepid water is a classical procedure, but there are cases where it does not succeed, for instance, where there is much swelling or when the foreign body has got into the tympanum. Very often, however, attempts made by skillful surgeons are unsuccessful at the time, but later a simple injection of water suffices when the inflammation has diminished. When the foreign body entirely fills the passage injections of water can only force it inward. In such cases it should be put aside with a probe or hook, so that the water may get behind it. The classical method should always be used first, but there are some cases in which it is not sufficient. As Dr. Marjolin remarked, the classical method is often forgotten, and that is why in hospital cases there is often so much difficulty. M. Verneuil said that when a patient came to hospital, and has not been touched, it is generally easy to remove the body by syringing; but when extraction is more difficult, the patient should be anesthetized. There is, then, no risk of perforating the membrane should the patient move; besides, it is more easy to make a diagnosis. He had seen a child which was brought to him by a *confrère*, who wished him to feel a foreign body with a probe. He pointed out to him the membrane tympani was perforated, and that the probe penetrated the tympanum. M. Faraheuf narrated a case where a child was brought to him on the sea-beach with an ear of barley in the meatus. Having a forceps in his pocket, he drew it out without using a syringe.

Test for Arsenic.—The following test is of easy application, and is specially applicable for paper hangings or suspected fabrics: Immerse the suspected paper in strong ammonia, upon a white plate or saucer; then drop a crystal of nitrate of silver into the blue liquid, and if any arsenic be present the crystal will become coated with yellow arseniate of silver, which will disappear on stirring.—*Practitioner*.

Essence of Wintergreen in Purulent Cystitis.

—The essence of wintergreen, more used in perfumery than in pharmacy, is, according to the *Journal de Médecine et de Chirurgie Pratiques*, used by M. Perier, of the St. Antoine Hospital, in the treatment of purulent cystitis. It is a powerful antiseptic of a penetrating but not disagreeable odor and non-irritant (Med. Press and Circular). Though its price is high, this does not form a bar to its use, as it is given in very small doses. The essence of wintergreen is procured from the *Gualtheria procumbens*, a North American shrub. Chemically, the essence is called salicylate of methylene, or methylsalicylic ether; it is only slightly soluble in water. Dr. Perier employs the following combination: R Essence of wintergreen, 6 grams; tinct. of guillaya saponaria, 30 grams; water, 1 liter. This forms an excellent fluid for injecting into the bladder, for washing wounds, and for some simple dressings.

Biliary Secretion.—We have found thirty centigrams of iridin, or twelve centigrams of euonymin, made into a pill with confection of roses, taken at bedtime and followed in the morning with a saline aperient, a certain remedy for biliousness, leaving no disagreeable effects except a slight depression.—*Dr. Rutherford, in British Med. Journal*.

Phosphorus as a Preventive of Congenital Malformation.—A correspondent writes to the British Medical Journal: A young married lady applied to me to attend her in her confinement. The child when born was puny, feeble, never breathed properly, or took proper nourishment. It died in a few days. A second pregnancy ensued; the child of this delivery had terrible convulsive attacks from a few days after birth until its death, at the age of over a year. Its feet were clubbed, its hands twisted, and its spinal column hopelessly curved. A third pregnancy and delivery took place; this third child had harelip, cleft palate, clubfeet, twists of the hands on to the forearm, in addition to spinal curvature. It lived, if I remember rightly, over a year. The poor mother came to tell me the dread news of her fourth pregnancy. Happening at the time to be much exercised in my mind on account of an annoying failure I had had in selection or in luck in the breed of horses, I had been reading every available treatise thereupon, and was greedy for every scrap of information. In an American veterinary note, I saw that a farmer down West had used phosphorus with marked success as a medicine given throughout pregnancy to mares who threw malformed foals. I immediately put my patient on a combination of phosphorus and quinine, made by Messrs. Kirby & Co. of Newman Street. She took the pills regularly thrice daily, and a healthy girl was born, when the pills were discontinued. Soon after the confinement my patient told me she "missed the phosphorus dreadfully"; and, there being no sign of milk, I sanctioned the resuming of it, and lactation speedily supervened. This child thrived well until it caught whooping-cough, when it nearly died from the most severe attack of that malady which I have seen in a child so young; but that it possessed stamina sufficient to withstand the disease (and, perhaps, the treatment, for we left no stone unturned), speaks volumes for its vital power. And yesterday a healthy child was again born to her (a son), after nine continuous months of phosphorus, which, rightly or wrongly, I accredit with having prevailed upon nature to change the type in this instance. These are the bare facts which seem to me worthy of this much record. To many, no doubt, they will be trite enough, and all may have expected such a result. I was one of those sceptics who "expected nothing," and was any thing but disappointed.

On the Part played by the Stomach and Pancreas in the Digestion of Fat.—A paper appears in the October number of the *Archiv für Anatomie und Physiologie* on the relative share taken by the stomach and the pancreas in the digestion of fatty substances, by Dr. Th. Cash. He begins by pointing out that Bernard long ago proved that the oleaginous constituents of the food must be emulsified before they undergo absorption through the agency of the intestinal and especially of the pancreatic juices. His experiments were supported by those of Brücke, yet it has not been actually demonstrated that the breaking up of the fats into minute droplets and their investment with a soapy membrane, which is perfectly effected in the lacteals, is already accomplished in the intestine. Dr. Cash's experiments were undertaken under Ludwig's supervision, with this object in view. Dogs were kept fasting for eighteen hours or more. Food was now administered, and four hours subsequently the animal was killed with curare. The abdomen was then opened and the intestine divided

by ligatures into several portions of about a foot in length, so that each part retained the fluid it contained during life. The segments were opened, the contents tested with litmus paper, and received in test-tubes. A quantity of water, equal to the fluid obtained, was added to each tube, warmed to 60° C., and filtered. After the solid residue had been heated in this way several times with water, the cloudy fluid which had passed through the filter was placed in a cylindrical glass and subjected to centrifugal action for an hour or two. The oily portion of the fluid after this treatment swam upon the surface of the water. The contents of the small intestine were invariably found to leave an acid reaction, and on the surface of the fluid which had been subjected to centrifugal action oil-drops accumulated of various sizes, which, however, never presented the slightest tendency to the proper color of an emulsion, while the oil-drops could be easily made to coalesce, and could then be easily emulsified with a dilute solution of soda. It hence appears that fats are absorbed in the free state, and their conversion into an emulsion first takes place after absorption is effected.—*London Lancet.*

Alleged New Parasites in Beef.—M. Poincaré, at a recent meeting of the French Academy of Sciences, claimed the discovery of a new parasite in beef, which is of a cylindrical shape, is conical at either extremity, and contains a granular mass (*Chicago Medical Review*). The discoverer thought that it was the embryo of an hitherto unknown variety of tapeworm, but Meguin, in a communication to the Biological Society, claims that there are no grounds for this view, and that the parasite is not unknown to science, being identical with the parasites found by Miescher in the muscles of the horse. Whichever observer is correct, it seems that the parasite is common enough, for they seemed to find no difficulty in finding specimens in nearly every butcher's shop. It seems an important question to be determined whether it is a *tenia* embryo or not, and we think it would not be difficult to settle the question by feeding experiments.

The Treatment of Ringworm.—A writer in the British Med. Journal says: The difficulty experienced in the treatment of ringworm is known to every one who has seen much of this disease. I therefore think your readers will be glad to hear of a remedy which I have recently used with complete success. Struck with the similarity that exists between the disease known in the East Indies as *dobzitch* and ringworm, and knowing how rapidly the former yields to the application of goa powder, I was induced to try the active principle of this substance, chrysophanic acid, in the proportion of one dram to one ounce of vaseline. The result has been the rapid destruction of the fungus, and consequently a complete cure. Chrysophanic acid has been recommended in the treatment of psoriasis, but I am not aware of it having been used hitherto for ringworm.

Removal of Nevus.—Dr. Madras, writing to the Med. Press and Circular, thus describes his method of removing a nevus: I vaccinate the nevus with liquid vaccine lymph, from which inflammation sets in, and in ten days, instead of the purple appearance of the nevus, you have a white cicatrix. I wish all medical men would follow my plan in vaccinating infants with nevus by vaccine lymph.